

**PART B STEP THERAPY CRITERIA FOR APPROVAL**

**Remicade and Renflexis** will be approved when BOTH of the following are met:

1. The requested medication is being used for ONE of the following:
  - A. An FDA approved indication
  - OR**
  - B. An indication in CMS approved compendia
- AND**
2. If the client has preferred medications, then ONE of the following:
  - A. Information has been provided that indicates the patient has been treated with the requested medication in the past 365 days
  - OR**
  - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL preferred medications
  - OR**
  - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL preferred medications
  - OR**
  - D. The prescriber has submitted documentation indicating ALL preferred medication(s) are likely to be ineffective or are likely to cause an adverse reaction or other harm to the patient

**Length of Approval:** up to 12 months

<b>Targeted Part B Medication</b>	<b>Preferred Medications<sup>†</sup></b>
Remicade (infliximab)	<b>Part B</b> - Inflectra (infliximab-dyyb) and Avsola (infliximab-axxq)
Renflexis (infliximab-abda)	<b>Part B</b> - Inflectra (infliximab-dyyb) and Avsola (infliximab-axxq)

<sup>†</sup>Preferred medications require prior authorization under the member's medical (Part B) benefit

**NOTES:**

- Prerequisite medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.